

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040560

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10563

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED NOV 13 1962**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Incarnate Word**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**4322 Hartford**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

**Anna**

**Sendig**

**Myers**

**Nov**

**2**

**1962**

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

**Female**

**White**

**X**

**3/15/1886**

**76**

**7**

**17**

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Saleslady**

10b. KIND OF BUSINESS OR INDUSTRY  
**Kleins**

11. BIRTHPLACE (City and state or country)  
**St. Louis**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

**Max Sendig**

**Josephine Sacker**

**Bert Myers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Fred Isele 7456 Marillac**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**C.V.A.**

INTERVAL BETWEEN ONSET AND DEATH  
**26 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**ARTERIOSCLEROTIC HEART DISEASE 14y**

DUE TO (c)

**TOXIC GOITRE**

**2 MO**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**420.0**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1941** to **11-1-1962** and last saw him alive on **11-1-1962**  
Death occurred at **1:45 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Dr. Michael M.D.**

**St. Louis**

**11-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Removal**

**Nov 5, 1962**

**Elmwood Cemetery**

**Litchfield Illinois**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE REGD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Schumacher 3013 Meramec Str.**

**NOV 3 1962**

**Loan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Wm Michael  
812 Olive  
Worcester

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Hault  
Licensed Embalmer No. 4746

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.